

DO/EO BIBLIOGRAPHIC DATA ENTRY

SERIAL NUMBER: 09 / 869432 RECEIPT DATE: 06 / 28 / 01
IA NUMBER: PCT/ GB00 / 04635 IA FILING DATE: 12 / 05 / 00
FAMILY NAME: CHAPMAN DELAY WAIVED (Y/N): Y
GIVEN NAME: CHIRSTOPHER DEMAND RECEIVED (Y/N): Y
PRIORITY CLAIMED (Y/N): Y PRIORITY DATE: 12 / 06 / 99
NO BASIC FEE (Y/N): N US DESIGNATED ONLY (Y/N): N
ATTORNEY DOCKET NUMBER: ATKINSON COUNTRY:
CORRESPONDENCE NAME/ADDRESS: CUSTOMER NUMBER: 000000 TELEPHONE 0000000000
FAX

NAME: JAMES C WRAY

STREET: 1493 CHAIN BRIDGE ROAD SUITE 300

CITY: MCLEAN

STATE/COUNTRY: VA ZIP: 22101

EMAIL:

APPLICATION TITLES:

INPUTTING DATA

TAB TO LAST POSITION.PUSH SEND